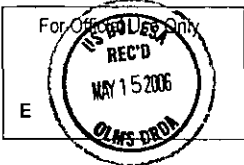


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="09864"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Gerald"/> <input type="text" value="R"/> <input type="text" value="Carbone"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="2100 Merced Street, Suite B"/> City <input type="text" value="San Leandro"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="94577"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Teamsters Local 853"/> Labor Organization File Number <input type="text" value="020-870"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="2100 Merced Street, Suite B"/> City <input type="text" value="San Leandro"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="94577"/>
5. Position in labor organization. <input type="text" value="Project Coordinator"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed	On <input type="text" value="04/21/2006"/>	<input type="text" value="510-895-8853"/>
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lipman Insurance Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 39420 Liberty Street, Suite 206

City Fremont

State California ZIP Code + 4 94538

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P. O. Box 5820

Street

City Fremont

State California ZIP Code + 4 94538

11.a. Nature of such dealing.

The entity identified in Section 8 is the "third party administrator" of the entity identified in Section 9.

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

See attachment

12.b. Amount.

\$66,463

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing: Gerald R. Carbone;

Item 12.a

Continuation page for page 2 of 2

The person identified in Item 3 is employed on a part-time basis as a business agent for the labor organization identified in Item 4 and as a part-time employee of the entity identified in Item 8, the third party administrator for the multi-employer trust fund identified in Item 10. The labor organization identified in Item 4 participates in the multi-employer trust identified in Item 10. The person identified in Item 3 has no ownership interest in the entity identified in Item 8. The amount entered in Item 12.b is the salary and estimated cost of the employee benefits for the individual identified in Item 3 for calendar year 2005 paid by the entity identified in Item 8.